

## EXHIBIT 1

### PROGRAM CONTACTS

#### Operational and Policy

General operational and policy questions regarding the Special Competitive Provisions for Extra Long Staple Cotton should be directed to the Farm Service Agency, Financial Review Branch, Contract Reconciliation Division, Kansas City Commodity Office, telephone (816) 926-6663.

Mailing Address:	Express Mail Address:
Farm Service Agency Financial Review Branch Kansas City Commodity Office P.O. Box 419205 Kansas City, Missouri 64141-6205 MAIL STOP 8758	Farm Service Agency Financial Review Branch Contract Reconciliation Division Kansas City Commodity Office 6501 Beacon Drive Room G - 42A Kansas City, Missouri 64133-4675 Office Hours: 7:00 - 4:30

#### Payment and Supporting Documentation

Questions regarding payments and supporting documentation should be directed to the Farm Service Agency, Financial Review Branch, Contract Reconciliation Division, Kansas City Commodity Office, telephone (816) 823-1145.

## SAMPLE FORMAT

## WEEKLY CONSUMPTION /APPLICATION FOR PAYMENT REPORT

Contract Reconciliation Division  
 Financial Review Branch  
 Kansas City Commodity Office  
 P.O. Box 419205  
 Kansas City, Missouri 64141-6205

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agreement Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Wednesday/Tuesday Consumption Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Rate: \_\_\_\_\_

**TO BE COMPLETED  
 WHEN THERE IS A  
 POSITIVE PAY**

Type of Cotton	Number of Bales	Net Pounds	Payment Rate	Payment Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				\$ _____

I hereby certify that this document and all supporting documents (when required) are being submitted in accordance with the terms of the Extra Long Staple Domestic User/ Exporter Agreement and that the cotton covered by the document(s) submitted with this Application/Report was domestically produced, has not previously earned a payment under the Special Competitive Provisions for Extra Long Staple Cotton Program, and is eligible for a payment, if applicable.

\_\_\_\_\_  
 Authorized Representative

NOTE: Original Signature required on reports submitted to CCC.

U. S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

PAGE	
	of

## ELS COTTON COMPETITIVENESS PAYMENT PROGRAM EXPORTER

DATE		AGREEMENT NO.		APPLICATION NO.		TAXPAYER I.D.		FOR CCC USE ONLY	
Name and Mailing Address				Payee Mailing Address				DATE RECEIVED	
								VERIFIED BY	
								ENTERED BY	
								DATE RETURNED FOR CORRECTION	DATE RECEIVED BACK
.BILL OF LADING		TYPE COTTON	SALE INVOICE		BALES	NET POUNDS	PAYMENT RATE	PAYMENT AMOUNT CLAIMED	
NUMBER	ON BOARD DATE		NUMBER	DATE					
<i>I hereby certify that these documents are being submitted in accordance with the terms of the Extra Long Staple Cotton Domestic User/ Exporter Agreement and that the cotton covered by the documents submitted with this application was domestically produced, has not previously earned a payment under the ELS Cotton Competitiveness Payment Program, and is eligible for a payment.</i>				TOTALS →					
				SIGNED: →					

## INSTRUCTIONS FOR EXPORTERS COMPLETION OF THE APPLICATION FOR PAYMENT

Use this form to submit applications for payment under the ELS Cotton Competitiveness Payment Program. The form should be reproduced, as needed. If more than one page is required, you may use as many as necessary. Totals and signature should be on the last page only.

1. **Page** Enter 1 of 1, 1 of 3, 2 of 5, etc.
2. **Date** Enter the date the application is prepared.
3. **Agreement No.** Enter your Agreement Number (EXAMPLE: X-1235).
4. **Application No.** Enter your Application Number. Begin with number 1 and number applications consecutively from the effective date of the revised agreement to the end of the program.
5. **Taxpayer I.D.** Enter your IRS taxpayer I.D. number.
6. **Name and Mailing Address** Enter name and mailing address as shown on your Agreement.
7. **Payee Mailing Address** A payee mailing address other than the address shown on your Agreement may be requested.
8. **Bill of Lading Number** Enter Bill of Lading Number.
9. **Bill of Lading On Board Date** Enter On Board Vessel Date; for export by truck or rail to Canada or Mexico, enter the date the carrier crosses the international border.
10. **Type Cotton** Enter for each shipment the code for each type of cotton, as applicable:  
C - Baled Lint; L - Loose;
11. **Sale Invoice Number** Enter the number assigned to the export sale invoice.
12. **Sale Invoice Date** Enter the date from the sale invoice.
13. **Bales** Enter the number of bales per Bill of Lading on this application.
14. **Net Pounds** Enter the Net Pounds shown on the weight sheet.
15. **Payment Rate** Enter the baled lint payment rate claimed for each shipment on the application.
16. **Payment Amount Claimed** Multiply Net Pounds (Item 14) times the Payment Rate (Item 15); then, if applicable, multiply by 75 percent for loose, and enter the result for each shipment.
17. **Total** Enter totals for Bales, Net Pounds, and Payment Amount Claimed on the last page of the Application for Payment only.
18. **Certification and Signature** An authorized representative of the company must sign the Application for Payment Certification on the last page of the Application.

### PRIVACY ACT, PUBLIC BURDEN, and NONDISCRIMINATORY STATEMENTS

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a), and the Paperwork Reduction Act of 1980, as amended. The Federal Agriculture Improvement Reform Act of 1996 and regulations in 7 CFR 1427 authorize the collection of information required for participation in the Upland Cotton User Marketing Certificate Program. The information will be used to determine eligibility to receive payment and to determine payment amounts. Providing this information is voluntary; however, without it, participation in the program will be denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this Form CCC-1045-2, Application for Payment, is estimated to average 30 minutes per response. This burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0136), AG Box 7630, Washington, D.C. 20250. **Return this completed form to the Kansas City Commodity Office, Post Office Box 419205, Kansas City, Missouri 64141-6205.**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

**EXAMPLE**

DATE: FEBRUARY 1, 2000

A B C COTTON COMPANY INC.  
8930 WARD PARKWAY  
MEMPHIS, TN 38118  
X-7666

I hereby certify that a claim for payment under the Special Competitive Provisions for Extra Long Staple Cotton Program will not be made by the undersigned for the cotton exported as shown below:

Vessel name or container number	<u>L. H. PATRICK LYONS</u>
Bill of Lading number	<u>HJCLGBA908768954</u>
Bill of Lading date	<u>JANUARY 1, 2000</u>
Number of bales/weight	<u>4000 / 2000000</u>
Name of Shipper of Record	<u>D E F COTTON CO</u>

Authorized original signature \_\_\_\_\_